

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>	JW	68746	11-12-1968
<b>RESPONSE FORMALITY REVIEW</b>	SGH	1091	12-20-68
			7-18-61

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      0 ..... Objected

Claim	Date	
1	1	5-3-68
2	2	5-4-68
3	3	5-5-68
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31	32	+ ✓ + ✓ ✓
32	33	✓ ✓ ✓
33	34	✓ ✓
34	35	✓ ✓
35	36	✓ ✓
36	37	✓ N
37	38	✓ ✓
38	39	✓ ✓
39	40	✓ ✓
40	41	✓ N
41	42	N
42	43	N
43	44	N
44	45	N
45	46	N
46	47	N
47	48	N
48	49	N
49	50	✓ N ✓

Claim	Date	
1	1	5-6-68
2	2	5-18
3	3	5-4-68
4	4	5-3-68
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If more than 150 claims or 10 actions  
staple additional sheet here

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